12									Application or Docket Number			
1	• .					MATION RECORD  SMALL ENTITY TYPE  RATE FEE  RATE FEE  RATE FEE  RASIC FEE 770.00  XS 9=  OR XS18=  X43=  OR X86=  OR +290=  OTHER THAN SMALL ENTITY  OR TOTAL  OTHER THAN SMALL ENTITY  OR SMALL ENTITY  OTHER THAN SMALL ENTITY  OR TOTAL  OTHER THAN SMALL ENTITY  OR X86=  OTHER THAN SMALL ENTITY  OR TOTAL  OTHER THAN SMALL ENTITY  OR X86=  OTHER THAN SMALL ENTITY  OR TOTAL  OTHER THAN SMALL ENTITY  OR STAN SMALL ENTITY  OTHER THAN SMALL ENTITY  OR SMALL ENTITY  OR STAN SMALL ENTITY  OR STA						
	<u> </u>	CLAIMS AS FILED - PART I										
									ENTITY	OF		
TOTAL CLAIMS								RATE FEE		٦ <sup>¨</sup>	<del></del>	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI		o of		
TOTAL CHARGEABLE CLAIMS			n	minus 20=		•		XS 9=		OF	X\$18=	
-	DEPENDENT (		minus 3 =	•			X43=		OR	X86=	<b>†</b>	
M	ULTIPLE DEPE	ENDENT CLAIM	PRESENT				]	+145=		OR	+290=	
*.if the difference in column 1 is less than zero, enter *0* in column 2							TOTAL		┩~¨			
	4/7/06 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY			
	1 1100	CLAIMS		HIGH	ŠT	Column 3	) [	June		7	SHALL.	
AMENDMENT A		REMAINING APTER AMENDMENT		PREVIO PAID F	USLY			RATE	TIONAL	·	RATE	TIONAL
KOK	Total	. 24	Miņus	2	2			X\$ 9=		OR	X\$18=	
¥	Independent	<u> </u>	Minus		<u>S</u>	1	[·	X43≈			X86=	•
	PHST PHES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIN		'	+145=			+290=	
	•	•	0	$\Omega \Omega \Omega \Omega$				TOTAL			YOTAL	,
						. A	DUIT. FEE	<u> </u>	J	ADOIT. FEE	L	
8	L	CLAIMS REMAINING		HIGHE		PRESENT	lΓ			1	:	
ENI	•	AFTER AMENDMENT		PREVIOL PAID F		EXTRA	l	RATE			RATE	
AMENDMENT	Total	:24	Minus	7	F.			X\$ 9=		OR	X\$18=	
AME	Independent	NTAFIEN OF MI	Minus	175	- 			X43= ·	:	OR	X86=	
	FINST PRESE	MIAHON OF MI	JUIPLE DE	PERQENT	LAIM			+145=			+290=	
	. 1 . 1 .	•		• •				TOTAL	•	OR	TOTAL	
18	2/28/06	(Column 1)		(Column	)·2)	(Column 3)		DIT. FEE!	•:	•	VODIT. FEE	•
ပ		CLAIMS REMAINING		HIGHES		PRESENT	Γ	· ·	ADDI-	ſ	<del></del>	ADDI-
<u> </u>		AFTER AMENDMENT		PREVIOU PAID FO	SLY	EXTRA	'	RATE	TIONAL FEE		RATE	TIONAL
	Total	• 6	Minus	- 24		. 0	2	5.00 <b>K\$ 9=</b>		OR F	50 00 X\$18=	
ğ L		•	Minus	~5		9	TG	0.00			80.20	
	FIRST PRESE	VITATION OF MU	LTIPLE DEF	ENDENT C	LAIM		H			ORT	~~~~	
• B	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+290=	· · ·
- 11	To the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE											
'n	ne Highest Numb	er Previously Paid	For (Total or	prace it is proportional	is the	ı 3, enser "3." highesi number			ropriate box			

Patent and Trademath Office, U.S. DEPARTMENT OF COMMERCE

FORM PTO-875 (Rev. 1003)